GEORGIA DEPARTMENT OF AUDITS & ACCOUNTS
Performance Audit Division
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Summary of Performance Audit • Report No.19-20 November 2021

Medicaid Dental

Coordinated management needed to ensure oral health care is being delivered

BACKGROUND

Studies show that declining utilization of dental services, especially preventive care, may lead to increasing negative health outcomes for Medicaid children and ultimately higher health care costs. These include direct outcomes associated with tooth decay, as well as indirect outcomes associated with longer-term health problems such as heart disease, stroke, and obesity.

Federal law requires that state Medicaid programs provide all children (members under 21 years of age) with full dental benefits. Such benefits include restorative, preventive, and emergency treatments.

Although federal law does not require state Medicaid programs to provide dental coverage to adults, the Georgia Medicaid program provides adults (members 21 years of age and older) with emergency-level coverage through the Adult Dental Program.

KEY RECOMMENDATIONS

To address overall management, DCH should:

- assign staff to implement a coordinated, data driven approach to managing the Medicaid dental program.

To address utilization, DCH should:

- monitor dental service utilization among its Fee-For-Service member children and identify potential causes for declining or insufficient rates.
- analyze the number of providers who accept new patients and actively participate in Medicaid.
- systematically and routinely assess Fee-For-Service reimbursement rates for dental services.

To address coverage, the General Assembly should consider:

- providing adult members access to preventive and diagnostic dental care with annual caps or co-payments.

KEY FINDINGS

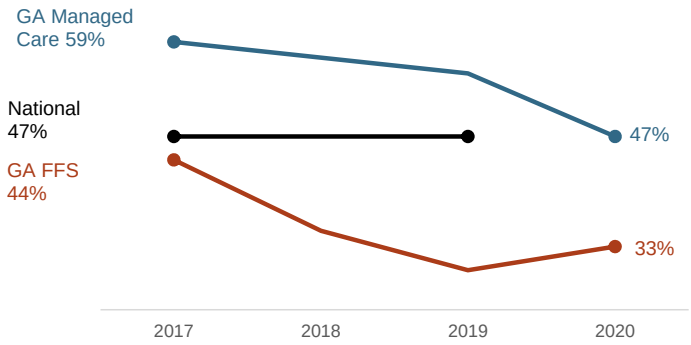
While multiple units have responsibilities related to the Medicaid dental program, DCH lacks the coordinated, data-driven management approach recommended by the federal Centers for Medicare and Medicaid Services (CMS). As a result, the agency was unaware of declining utilization among children in its fee-for-service program and has not sufficiently assessed the capacity of its provider network.

DCH does not analyze dental claims or provider networks to ensure adequate dental services are delivered.

- DCH was unaware of declines in dental utilization among Fee-For-Service children. Without an analysis of claims, the agency is unaware of potential service gaps and trends, and it cannot develop informed strategies to improve dental care.

Fee-for-service children are less likely to receive dental services than those in managed care or in many other states.

Although 2020 rates were impacted by the COVID-19 pandemic, the percentage of children in Fee-For-Service who receive dental services has trailed the national average and Georgia managed care children during the last four years.



Provider networks meet federal standards but may not provide sufficient access to dental services.

- States are required to ensure that members have access to at least one in-network dental provider within 30 miles in an urban area and within 45 miles in a rural area.
- The Fee-For-Service provider networks meet standards, but they do not meet the stricter standards that DCH requires of its care management organizations (CMOs).
- Less than a quarter of providers accepted new patients in the last year, and less than one-fifth filed a claim indicating active participation. Nearly 30 counties have no providers accepting new patients.
- Medicaid reimbursement rates may contribute to network issues for the Fee-For-Service population given the higher cost for providers to treat some children with physical or developmental disabilities.